

2007 RYAN WHITE HIV/AIDS PROGRAM DATA REPORT

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HIV/AIDS Bureau
Division of Science and Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 7-90
Rockville, MD 20857

Each provider must complete a single Data Report for all clients served during the reporting period.

SECTION 1. SERVICE PROVIDER INFORMATION

Section 1 (Items 1–22) should be completed by all service providers funded through Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White HIV/AIDS Program) Parts A (Title I), B (Title II), C (Title III), and D (Title IV). For the definition of service provider, please refer to the instructions for completing this form.

Section 1.1 Provider and Agency Contact Information

1. Provider name:

2. Provider address:

b. Street: _____

c. City: _____ State: _____

d. ZIP Code: _____ - _____

e. Taxpayer ID #: _____ - _____

3. Contact information:

a. Name: _____

b. Title: _____

c. Phone #: (____) _____ - _____

d. Fax #: (____) _____ - _____

e. E-mail: _____

4. Person completing this form:

a. Name: _____

b. Phone #: (____) _____ - _____

c. E-mail: _____

7. Provider type:

a. (Select only one.)

- ☐ Hospital or university-based clinic
- ☐ Publicly funded community health center
- ☐ Publicly funded community mental health center
- ☐ Other community-based service organization (CBO)
- ☐ Health department
- ☐ Substance abuse treatment center
- ☐ Solo/group private medical practice
- ☐ Agency reporting for multiple fee-for-service providers
- ☐ PLWHA coalition
- ☐ VA facility
- ☐ Other facility (Specify _____)

b. Did you receive funding under Section 330 of the Public Health Service Act (funds community health centers, migrant health centers, and health care for the homeless) during this reporting period?

☐ Yes ☐ No ☐ Don't know/unsure

8. Ownership status:

a. (Select only one.)

- ☐ Public/local
- ☐ Public/State
- ☐ Public/Federal
- ☐ Private, nonprofit (Go to Item 8b)
- ☐ Private, for-profit
- ☐ Unincorporated
- ☐ Other

b. If "Private, nonprofit" was selected in Item 8a, is your organization faith-based?

☐ Yes ☐ No

9. Did your organization receive Minority AIDS Initiative (MAI) funds during this reporting period?

☐ Yes ☐ No ☐ Don't know/unsure

Section 1.2 Reporting and Program Information

5. Calendar year for reporting: (mm/dd/yyyy)

Start date: ____ / ____ / _____

End date: ____ / ____ / _____

6. Reporting scope: ____ (Select only one.)

01 = **ALL** clients receiving a service **ELIGIBLE** for Part A, B, C, or D funding

02 = **ONLY** clients receiving a Part A, B, C, or D **FUNDED** service

Remember: All grantees and providers must use reporting scope "01" unless they have permission from their HRSA project officer to use "02." All subsequent Items regarding "clients" should be answered relative to the reporting scope you select here.

10. Source of Ryan White HIV/AIDS Program funding:

(Check all that apply.)

☐ Part A

Name of grantee(s):

1. _____
2. _____
3. _____

☐ Part B

Name of grantee(s):

1. _____
2. _____
3. _____

☐ Part C EIS

Name of grantee(s):

1. _____
2. _____
3. _____

☐ Part D (including the Adolescent Initiative)

Name of grantee(s):

1. _____
2. _____
3. _____

11. Part A funding

a. Total amount of Part A funding expended during this reporting period *(rounded to the nearest dollar)*:

\$ _____

b. Of the amount in Item 11a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

\$ _____

12. Part B funding

a. Total amount of Part B funding expended during this reporting period *(rounded to the nearest dollar)*:

\$ _____

b. Of the amount in Item 12a, how much is from the Minority AIDS Initiative?

\$ _____

13. Part C EIS funding

a. Total amount of Part C EIS funding expended during this reporting period *(rounded to the nearest dollar)*:

\$ _____

b. Of the amount in Item 13a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

\$ _____

14. Part D (including the Adolescent Initiative) funding

a. Total amount of Part D funding expended during this reporting period *(rounded to the nearest dollar)*:

\$ _____

b. Of the amount in Item 14a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

\$ _____

15. Amount of Part A, B, C, or D Ryan White HIV/AIDS Program funds EXPENDED on oral health care during this reporting period *(rounded to the nearest dollar)*:

\$ _____

16. During this reporting period, did you provide the grantee with support in . . . ? *(See instructions for definitions; Check "Yes" or "No" for each service.)*

- | | |
|--|--|
| a. Planning or evaluation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Administrative or technical support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Fiscal intermediary services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Technical assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Capacity development | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Quality management | <input type="checkbox"/> Yes <input type="checkbox"/> No |

☐ Check this box if the services listed in Item 16 were the **only** services you provided using Ryan White HIV/AIDS Program funds. If so, **STOP HERE** and do not complete the remainder of this form.

NOTE: Those who provided a direct service other than those listed in Item 16 should continue with Item 17a.

NOTE: Third party administrators who processed fee-for-service reimbursements to providers of eligible services should continue with Item 17a.

17. a. Did you administer an AIDS Drug Assistance Program (ADAP) or local AIDS Pharmaceutical Assistance (APA) program that provides HIV/AIDS medication to clients during this reporting period?

- ☐ Yes
☐ No (Skip to Item 18.)

b. If "Yes" to Item 17a, type of program administered:

- ☐ State ADAP
☐ Local APA program that provides HIV/AIDS medication to clients

If the ONLY type of program you administered was an ADAP, and you offered no other services under the Ryan White HIV/AIDS Program during this reporting period, STOP HERE. You are finished with this form.

18. Did you provide a Health Insurance Program (HIP) during this reporting period? (Do not include health insurance funded under ADAP as a part of HIP.)

- ☐ Yes, and this was the **only** service your agency provided with Ryan White HIV/AIDS Program funding during this reporting period. (Skip to Section 7.)
☐ Yes, and your agency provided other services with Ryan White HIV/AIDS Program funding during this reporting period.
☐ No

19. Indicate which of the following populations were especially targeted for outreach or services during this reporting period. (Check box for each group targeted.)

- ☐ Migrant or seasonal workers
☐ Rural populations other than migrant or seasonal workers
☐ Women
☐ Children
☐ Racial/ethnic minorities/communities of color
☐ Homeless
☐ Gay, lesbian, and bisexual youth
☐ Gay, lesbian, and bisexual adults
☐ Incarcerated individuals
☐ All adolescents
☐ Runaway or street youth
☐ Injection drug users
☐ Non-injection drug users
☐ Parolees
☐ Other (specify: _____)

20. Which of the following categories describes your agency? (Check all that apply.)

- ☐ An agency in which racial/ethnic minority group members make up more than 50% of the agency's board members
☐ Racial/ethnic minority group members make up more than 50% of the agency's professional staff members in HIV direct services
☐ Solo or group private health care practice in which more than 50% of the clinicians are racial/ethnic minority group members
☐ Other "traditional" provider that has historically served racial/ethnic minority clients but does not meet any of the criteria above
☐ Other type of agency or facility

21. Total paid staff, in FTEs, funded by any Part of the Ryan White HIV/AIDS Program:

_____ Paid staff FTEs

22. Total volunteer staff, in FTEs, dedicated to HIV care:

_____ Volunteer staff FTEs

SECTION 2. CLIENT INFORMATION

Service providers funded under **all Parts (Titles)** should complete this section. Clients reported in this section should include your HIV-infected, HIV-indeterminate, and HIV-affected population, whether receiving core medical services or support services. Affected clients include those who are HIV-negative as well as those with unknown HIV status. An affected client must be linked to a client infected with HIV/AIDS. An indeterminate client is a child under the age of 2, born to a mother who is HIV-infected, and whose status is not yet definite.

Remember your reporting scope. If you chose reporting scope “01” in Item 6, provide information on all clients who received a service eligible for Ryan White HIV/AIDS Program funding. If you chose reporting scope “02” in Item 6, include only clients who received services funded by Part A, B, C, and/or D.

23. Total number of unduplicated clients:

_____ HIV-positive
 _____ HIV-indeterminate (under 2 years)
 _____ HIV-negative (affected)
 _____ Unknown/unreported (affected)
 _____ Total

24. Total number of new clients:

_____ HIV-positive
 _____ HIV-indeterminate (under 2 years)
 _____ HIV-negative (affected)
 _____ Unknown/unreported (affected)
 _____ Total

25. Gender:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
Male	_____	_____
Female	_____	_____
Transgender	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

26. Age (at the end of reporting period):

Number of clients:	HIV-positive/ indeterminate	HIV-affected
Under 2 years	_____	_____
2–12 years	_____	_____
13–24 years	_____	_____
25–44 years	_____	_____
45–64 years	_____	_____
65 years or older	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

27. Race/Ethnicity:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
White (not Hispanic)	_____	_____
Black or African American (not Hispanic)	_____	_____
Hispanic or Latino(a)	_____	_____
Asian	_____	_____
Native Hawaiian or Other Pacific Islander	_____	_____
American Indian or Alaska Native	_____	_____
More than one race	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

28. Household income (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Equal to or below the Federal poverty level	_____	_____
101–200% of the Federal poverty level	_____	_____
201–300% of the Federal poverty level	_____	_____
> 300% of the Federal poverty level	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

29. Housing/living arrangements (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Permanently housed	_____	_____
Non-permanently housed	_____	_____
Institution	_____	_____
Other	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

30. Medical insurance (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Private	_____	_____
Medicare	_____	_____
Medicaid	_____	_____
Other public	_____	_____
No insurance	_____	_____
Other	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

31. HIV/AIDS status (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
HIV-positive, not AIDS	_____	_____
HIV-positive, AIDS status unknown	_____	_____
CDC-defined AIDS	_____	_____
HIV-indeterminate (under 2 years)	_____	_____
HIV-negative (affected clients only)	_____	_____
Unknown/unreported (affected clients only)	_____	_____
Total	_____	_____

32. Clients' vital/enrollment status (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Active client, new to program	_____	_____
Active client, continuing in program	_____	_____
Deceased	_____	_____
Inactive	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

SECTION 3. SERVICE INFORMATION

Service providers funded under **all Parts (Titles)** should complete this section. **Read the instructions carefully concerning reporting of services offered to HIV-affected clients.** If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits within each service category. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV-indeterminate clients in the HIV+ column. **Only Part D (Title IV)** funded agencies may report services to affected clients in rows “a” – “l”. If you do not receive Part D funding, do not complete these boxes for affected clients.

33. Services offered, number of clients served, and total number of visits during this reporting period:

1	2	3a		3b	4a		4b
Service Categories	Check if service was offered	Total # of unduplicated clients		Check if # of clients unknown	Total # of visits during reporting period		Check if # of visits unknown
		HIV+	Affected		HIV+	Affected	
CORE SERVICES							
a. Outpatient/ambulatory medical care							
b. AIDS Pharmaceutical Assistance (local)							
c. Oral health care							
d. Early intervention services (Parts A and B)							
e. Health Insurance Premium & Cost Sharing Assistance							
f. Home health care							
g. Home and community-based health services							
h. Hospice services							
i. Mental health services							
j. Medical nutrition therapy							
k. Medical case management (including treatment adherence)							
l. Substance abuse services-outpatient							
SUPPORT SERVICES							
m. Case management (non-medical)							
n. Child care services							
o. Pediatric development assessment/early intervention services							
p. Emergency financial assistance							
q. Food bank/home-delivered meals							
r. Health education/risk reduction							
s. Housing services							
t. Legal services							
u. Linguistics services							
v. Medical transportation services							
w. Outreach services							
x. Permanency planning							
y. Psychosocial support services							
z. Referral for health care/supportive services							
aa. Rehabilitation services							
ab. Respite care							
ac. Substance abuse services-residential							
ad. Treatment adherence counseling							

SECTION 4. HIV COUNSELING AND TESTING

Parts A, B, C, and D (Titles I-IV) grantees/service providers that selected the eligible reporting scope "01" in Item 6, and provided HIV-antibody counseling and testing during this reporting period, must report on all Items in Section 4. Those who selected the funded reporting scope "02" in Item 6, and provided HIV-antibody counseling and testing, but did not use Ryan White HIV/AIDS Program funds for testing during this reporting period, should respond "Yes" to Item 34, "No" to Item 35, and then skip to Section 5.

Report the number of individuals who received HIV counseling and testing during the reporting period. This number should include ALL individuals who received HIV counseling and testing in your program, whether or not they were reported as clients in Section 2. This is the only section of the Ryan White HIV/AIDS Program Data Report where individuals who are not considered clients may be reported.

NOTE: HIV counseling and testing are funded as components of Early Intervention Services for Parts A and B. HIV counseling and testing are required components of a Part C program. Part D funds may be used to support these services.

- 34. a. Were HIV counseling and testing provided as part of your program during this reporting period?**

- ☐ Yes (Continue.)
☐ No (Skip to Section 5.)

- b.** Indicate the total number of infants tested during this reporting period.

_____ Number of infants tested

- 35. Were Ryan White HIV/AIDS Program funds used to support HIV counseling and testing services during this reporting period?**

- ☐ Yes (Continue.)
☐ No (Skip to Section 5 if you selected scope "02.")

- 36. How many individuals received HIV pretest counseling during this reporting period?**

Number of:

_____ Confidential

_____ Anonymous

(If answer to both categories is "0," skip to Item 41a.)

- 37. How many individuals were tested for HIV antibodies during this reporting period?**

Number of:

_____ Confidential

_____ Anonymous

- 38. Of the individuals who were tested for HIV antibodies (Item 37 above), how many had a positive test result during this reporting period?**

- 39. Of the individuals who were tested for HIV antibodies (Item 37 above), how many received HIV-posttest counseling during this reporting period, regardless of test results?**

Number of:

_____ Confidential

_____ Anonymous

- 40. Of the individuals who tested POSITIVE (Item 38 above), how many did NOT return for HIV-posttest counseling during this reporting period?**

- 41. a. Did your program offer partner notification services during this reporting period?**

- ☐ Yes
☐ No (Skip to Section 5.)

- b.** If "Yes" in Item 41a, how many at-risk partners were notified during this reporting period?

SECTION 5. MEDICAL INFORMATION

This section should be completed by **all medical service providers** funded through the Ryan White HIV/AIDS Program Parts A, B, C, or D (Titles I-IV). This section should include only clients who were **HIV-positive/indeterminate** and had at least one outpatient/ambulatory medical care visit during the reporting period. It is expected that grantees who contract with multiple fee for service medical providers will report the medical information for all providers that do not complete a Data Report.

42. Total number of unduplicated clients with visits for outpatient/ambulatory medical care by gender:

_____ Male
 _____ Female
 _____ Transgender
 _____ Unknown/unreported
 _____ Total

43. For all clients with visits for outpatient/ambulatory medical care (total in Item 42 above), indicate the number of clients with:

_____ 1 outpatient/ambulatory medical care visit
 _____ 2 visits
 _____ 3-4 visits
 _____ 5 or more visits
 _____ Number for whom visit count is unknown
 _____ Total

44. Total number of clients who were HIV-positive/indeterminate with each of the listed risk factors for HIV infection:

Clients with more than one reported mode of exposure to HIV are counted in the exposure category listed first in the hierarchy, except for males with a history of both sex with men and injection drug use. They are counted in the separate category, MSM and IDU.

_____ Men who have sex with men (MSM)
 _____ Injection drug user (IDU)
 _____ Men who have sex with men and injection drug user (MSM and IDU)
 _____ Hemophilia/coagulation disorder
 _____ Heterosexual contact
 _____ Receipt of transfusion of blood, blood components, or tissue
 _____ Mother with/at risk for HIV infection (perinatal transmission)
 _____ Other
 _____ Undetermined/unknown/risk not reported or identified
 _____ Total

45. Number of clients (reported in Item 42) who received HIV-outpatient/ambulatory medical care from your agency for the first time during this reporting period:

_____ New clients

46. Of the clients who were new to HIV-outpatient/ambulatory medical care (Item 45 above), indicate how many received the following tests at least once during this reporting period:

_____ CD4 Count
 _____ Viral Load

47. Tuberculosis (TB) skin test:

a. Number of clients for whom a PPD skin test was indicated during this reporting period:

b. Of those clients reported in Item 47a above, list the number of clients who received a PPD skin test during this reporting period:

c. Of those clients reported in Item 47b above, how many were:

_____ Negative (< 5mm)
 _____ Positive (≥ 5mm)
 _____ Unknown (did not return for reading; lost to follow-up)

d. Of those clients who tested positive in Item 47c above, how many received:

_____ Treatment of Latent Tuberculosis Infection (LTBI)
 _____ Treatment for active TB disease
 _____ Unknown/lost to follow-up

e. Of those clients who started treatment (in Item 47d), how many:

_____ Completed treatment of LTBI
 _____ Completed treatment for active TB disease
 _____ Are currently undergoing treatment for either LTBI or active TB disease
 _____ Are unknown, lost to follow-up, or did not complete treatment

48. Number of clients who received each of the following at any time during this reporting period:

_____ Screening/testing for syphilis
_____ Treatment for syphilis
_____ Screening/testing for any sexually transmitted infection (STI) other than syphilis
_____ Treatment for an STI (other than syphilis)
_____ Screening/testing for hepatitis C
_____ Treatment for hepatitis C

49. Number of clients who were newly diagnosed with AIDS during this reporting period *(See instructions for the criteria for an AIDS diagnosis):*

50. Number of HIV-positive clients known to have died during this reporting period:

51. Number of clients on the following types of antiretroviral therapies at the end of the reporting period:

_____ None
_____ HAART
_____ Other (mono or dual therapy)
_____ Unknown/unreported
_____ Total

52. Number of women who received a pelvic exam and cervical Pap test during this reporting period:

53. Pregnancy:

a. Number of women who were HIV-positive and were pregnant during this reporting period:

b. Number of pregnant women *(Item 53a above)*, who entered prenatal care in the:

_____ First trimester
_____ Second trimester
_____ Third trimester
_____ At time of delivery
_____ Total

c. Number of pregnant women *(Item 53a above)*, who received antiretroviral medications to prevent the transmission of HIV to their children:

d. Number of infants delivered to pregnant women *(Item 53a above)*:

e. Report the HIV status at the end of the reporting period of the infants delivered *(Item 53d above)*:

_____ HIV-positive, confirmed
_____ HIV-indeterminate
_____ HIV-negative, confirmed

54. What type of quality management program did your agency use to assess services by medical providers during this reporting period? *(Check only one.)*

- ☐ None
☐ Quality management program introduced this reporting period
☐ Established quality management program
☐ Established program with new quality standards added this reporting period

SECTION 6. DEMOGRAPHIC TABLES/PART-SPECIFIC DATA FOR PARTS C AND D

Section 6.1 should be completed by Part C (Title III) grantees/service providers. Section 6.2 should be completed by Part D (Title IV), including Adolescent Initiative, grantees/service providers. Part A and Part B grantees should skip to Section 7.

Section 6.1 Part C Information

Section 6.1 should be completed only by Part C grantees/service providers that provide primary health care services with Part C funds. Include all of your clients who are HIV-positive or HIV-indeterminate and have received at least one primary health care service during the reporting period, regardless of the funding source for that service. Primary health care services include medical, subspecialty care, dental, nutrition, mental health and substance abuse treatment, medical case management, and pharmacy services; as well as radiology, laboratory and other tests for diagnosis and treatment planning; HIV counseling and testing; and the cost of making and tracking referrals for medical care. An indeterminate client is a child under the age of 2, born to a mother who is HIV-infected, and whose status is not yet definite.

The number of clients reported in Section 6.1 should be less than or equal to the number of unduplicated HIV-positive/indeterminate clients reported in Section 2.

If the number of clients reported in Section 6.1 is equal to the number of unduplicated HIV-positive/indeterminate clients reported in Section 2, check here. ☐ (Skip to Item 59.)

55. a. Total number of unduplicated clients during this reporting period who were:

_____ HIV-positive
_____ HIV-indeterminate (under 2 years)

b. Number of unduplicated HIV-positive/indeterminate clients who were new clients during this reporting period

56. Gender (of HIV-positive/indeterminate clients) reported in Item 55a:

_____ Male
_____ Female
_____ Transgender
_____ Unknown/unreported
_____ Total

57. Age (of HIV-positive/indeterminate clients) reported in Item 55a:

_____ Under 2 years
_____ 2–12 years
_____ 13–24 years
_____ 25–44 years
_____ 45–64 years
_____ 65 years or older
_____ Unknown/unreported
_____ Total

58. Race/Ethnicity (of HIV-positive/indeterminate clients) reported in Item 55a:

_____ White (not Hispanic)
_____ Black or African American (not Hispanic)
_____ Hispanic or Latino(a)
_____ Asian
_____ Native Hawaiian or Other Pacific Islander
_____ American Indian or Alaska Native
_____ More than one race
_____ Unknown/unreported
_____ Total

59. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by race/ethnicity, gender, and age.

Race/Ethnicity	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
White (not Hispanic)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Black or African American (not Hispanic)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Hispanic or Latino(a)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Asian	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Native Hawaiian or Other Pacific Islander	Male								
	Female								
	Transgender								
	Unknown/ unreported								
American Indian or Alaska Native	Male								
	Female								
	Transgender								
	Unknown/ unreported								
More than one race	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Unknown/ unreported	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Total	Male								
	Female								
	Transgender								
	Unknown/ unreported								

60. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by HIV exposure category, gender, and race/ethnicity.

HIV Exposure Category	Gender	White (not Hispanic)	Black or African American (not Hispanic)	Hispanic or Latino(a)	Asian	Native Hawaiian or Other Pacific Islander	American Indian/ Alaska Native	More than one race	Race/ ethnicity unknown	Total
Men who have sex with men (MSM)	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Injection drug user (IDU)	Male									
	Female									
	Transgender									
	Unknown/ unreported									
MSM and IDU	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Hemophilia/ coagulation disorder	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Heterosexual contact	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Receipt of transfusion of blood, blood components, or tissue	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Mother with/at risk for HIV infection (perinatal transmission)	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Other	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Unknown/ unreported	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Total	Male									
	Female									
	Transgender									
	Unknown/ unreported									

61. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by HIV exposure category, gender, and age.

HIV Exposure Category	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)	Male								
	Female								
	Transgender								
	Unknown/unreported								
Injection drug user (IDU)	Male								
	Female								
	Transgender								
	Unknown/unreported								
MSM and IDU	Male								
	Female								
	Transgender								
	Unknown/unreported								
Hemophilia/ coagulation disorder	Male								
	Female								
	Transgender								
	Unknown/unreported								
Heterosexual contact	Male								
	Female								
	Transgender								
	Unknown/unreported								
Receipt of transfusion of blood, blood components, or tissue	Male								
	Female								
	Transgender								
	Unknown/unreported								
Mother with/at risk for HIV infection (perinatal transmission)	Male								
	Female								
	Transgender								
	Unknown/unreported								
Other	Male								
	Female								
	Transgender								
	Unknown/unreported								
Unknown/ unreported	Male								
	Female								
	Transgender								
	Unknown/unreported								
Total	Male								
	Female								
	Transgender								
	Unknown/unreported								

62. Cost and revenue of primary health care* and other programs† during this reporting period:

a. Total cost of providing service:

\$ _____ Primary health care

\$ _____ Other program

b. Part C grant funds expended:

\$ _____ Primary health care
(excluding pharmaceuticals)

\$ _____ Other program

\$ _____ Pharmaceuticals

c. Direct collections from clients:

\$ _____ Primary health care

\$ _____ Other program

d. Reimbursements received from third party payer:

\$ _____ Primary health care

\$ _____ Other program

e. All other sources of income:

\$ _____ Primary health care

\$ _____ Other program

*Includes medical, subspecialty care, dental, nutrition, mental health and substance abuse treatment, medical case management, and pharmacy services; as well as radiology, laboratory and other tests for diagnosis and treatment planning; HIV counseling and testing; and the cost of making and tracking referrals for medical care.

†Includes non-medical case management and eligibility assistance, outreach, social work, health education, and risk reduction. If you are providing a Part C-eligible service, include it, even if it is not being funded under your grant.

63. a. Were services available through your Early Intervention Services (EIS) program provided at more than one site during this reporting period?

☐ Yes

☐ No (Skip to Item 64.)

b. If "Yes" to Item 63a, number of sites at which Early Intervention Services were provided during this reporting period:

64. Please indicate which of the following primary health care services were made available to your clients who were HIV-positive or HIV-indeterminate during this reporting period. (Choose "Yes, within the EIS program" if you offered the service directly and/or through a contractual relationship with another service provider. Choose "Yes, through referral" if it was offered by another agency with which you had no remunerative relationship but to whom you referred. Choose "No" if the service was not available.)

	Yes, within the EIS program	Yes, through referral	No
	▼	▼	▼
a. Outpatient/ambulatory medical care	<input type="checkbox"/>		
b. Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dispensing of pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medical case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical nutrition therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Obstetrics/gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Optometry/ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Oral health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. During this reporting period, how many unduplicated clients who were HIV-positive were referred outside the EIS program for any primary health care service that was not available within the EIS program?

Section 6.2 Part D Information

Section 6.2 should be completed only by Part D, including Adolescent Initiative, grantees/service providers. Report the Part D clients who were HIV-infected or HIV-indeterminate as well as their affected partner/family member(s). Include only those clients who received Part D services. An indeterminate client is a child under the age of 2, born to a mother who is HIV-infected, and whose status is not yet definite.

The number of clients reported in Section 6.2 should be less than or equal to the number of unduplicated clients reported in Section 2.

If the number of clients reported in Section 6.2 is equal to the number of unduplicated clients reported in Section 2, check here. ☐ (Skip to Item 71.)

66. Total number of unduplicated clients during this reporting period who were:

_____ HIV-positive
_____ HIV-indeterminate (under 2 years)
_____ HIV-negative/unknown

67. Total number of NEW unduplicated clients during this reporting period who were:

_____ HIV-positive
_____ HIV-indeterminate (under 2 years)
_____ HIV-negative/unknown

68. Gender:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
Male	_____	_____
Female	_____	_____
Transgender	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

69. Age:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
Under 2 years	_____	_____
2–12 years	_____	_____
13–24 years	_____	_____
25–44 years	_____	_____
45–64 years	_____	_____
65 years or older	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

70. Race/Ethnicity:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
White (not Hispanic)	_____	_____
Black or African American (not Hispanic)	_____	_____
Hispanic or Latino(a)	_____	_____
Asian	_____	_____
Native Hawaiian or Other Pacific Islander	_____	_____
American Indian or Alaska Native	_____	_____
More than one race	_____	_____
Unknown/unreported	_____	_____
Total	_____	_____

71. Number of clients during this reporting period by gender, HIV status, and age.

Gender	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Male	HIV+/indeterminate								
	HIV-/unknown								
Female	HIV+/indeterminate								
	HIV-/unknown								
Transgender	HIV+/indeterminate								
	HIV-/unknown								
Unknown/ unreported	HIV+/indeterminate								
	HIV-/unknown								
Total	HIV+/indeterminate								
	HIV-/unknown								

72. Number of clients during this reporting period by race/ethnicity, HIV status, and age.

Race/Ethnicity	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
White (not Hispanic)	HIV+/indeterminate								
	HIV-/unknown								
Black or African American (not Hispanic)	HIV+/indeterminate								
	HIV-/unknown								
Hispanic or Latino(a)	HIV+/indeterminate								
	HIV-/unknown								
Asian	HIV+/indeterminate								
	HIV-/unknown								
Native Hawaiian or Other Pacific Islander	HIV+/indeterminate								
	HIV-/unknown								
American Indian or Alaska Native	HIV+/indeterminate								
	HIV-/unknown								
More than one race	HIV+/indeterminate								
	HIV-/unknown								
Unknown/ unreported	HIV+/indeterminate								
	HIV-/unknown								
Total	HIV+/indeterminate								
	HIV-/unknown								

73. Number of clients who were HIV-POSITIVE OR INDETERMINATE during this reporting period by HIV exposure category and age.

HIV Exposure Category	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)								
Injection drug user (IDU)								
MSM and IDU								
Hemophilia/coagulation disorder								
Heterosexual contact								
Receipt of transfusion of blood, blood components, or tissue								
Mother with/at risk for HIV infection (perinatal transmission)								
Other								
Undetermined/unknown								
Total								

STOP HERE IF YOU DO NOT PROVIDE HEALTH INSURANCE PROGRAM (HIP) SERVICES TO YOUR CLIENTS!

SECTION 7. HEALTH INSURANCE PROGRAM (HIP) INFORMATION

*This section should be completed by the state agency and other entities that used Ryan White HIV/AIDS Program funds, except funds from ADAP, to pay for or supplement a client's health insurance. This section should **not** be completed by grantees that provide funding to another HIP, or by service providers that **ONLY PROVIDE VOUCHERS FOR HEALTH INSURANCE**. Data on Health Insurance Programs funded through ADAP should be reported in the ADAP Quarterly Reports.*

A Health Insurance Program is a program authorized and primarily funded under Part A (Title I) or Part B (Title II) of the Ryan White HIV/AIDS Program that makes premium payments, co-payments, deductibles, or risk pool payments on behalf of a client to maintain his/her health insurance coverage.

74. Total number of *UNDUPLICATED* clients in this reporting period:

75. Total number of *NEW* clients served in this reporting period:

76. Gender:

Number of clients:

_____ Male

_____ Female

_____ Transgender

_____ Unknown/unreported

_____ Total

77. Age (at the end of reporting period):

Number of clients:

_____ Under 2 years

_____ 2–12 years

_____ 13–24 years

_____ 25–44 years

_____ 45–64 years

_____ 65 years or older

_____ Unknown/unreported

_____ Total

78. Race/Ethnicity:

Number of clients:

_____ White (not Hispanic)

_____ Black or African American (not Hispanic)

_____ Hispanic or Latino(a)

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

_____ American Indian or Alaska Native

_____ More than one race

_____ Unknown/unreported

_____ Total

79. Annual expenditures for HIP:

Source	Total cost	Unduplicated clients	Total client-months
a. High-risk insurance pool			
Premiums	\$ __, ____, __	_____	____, ____
Deductibles	\$ __, ____, __	_____	____, ____
Co-payments	\$ __, ____, __	_____	____, ____
b. Medicare supplement			
Premiums	\$ __, ____, __	_____	____, ____
Deductibles	\$ __, ____, __	_____	____, ____
Co-payments	\$ __, ____, __	_____	____, ____
c. Other health insurance			
Premiums	\$ __, ____, __	_____	____, ____
Deductibles	\$ __, ____, __	_____	____, ____
Co-payments	\$ __, ____, __	_____	____, ____
TOTAL HEALTH INSURANCE EXPENDITURES			
Premiums	\$ __, ____, __	_____	____, ____
Deductibles	\$ __, ____, __	_____	____, ____
Co-payments	\$ __, ____, __	_____	____, ____

80. Total expenditures: (Include Item 79 above, "Total Health Insurance Expenditures" plus any other administrative costs.)

\$ ____, ____, ____

81. Annual HIP funding by Ryan White HIV/AIDS Program sources:

Funding source	Funding received
Total Part A funds	\$ __, ____, ____
EMA/TGA #1 ____	\$ __, ____, ____
EMA/TGA #2 ____	\$ __, ____, ____
EMA/TGA #3 ____	\$ __, ____, ____
EMA/TGA #4 ____	\$ __, ____, ____
EMA/TGA #5 ____	\$ __, ____, ____
EMA/TGA #6 ____	\$ __, ____, ____
EMA/TGA #7 ____	\$ __, ____, ____
EMA/TGA #8 ____	\$ __, ____, ____
EMA/TGA #9 ____	\$ __, ____, ____
EMA/TGA #10 ____	\$ __, ____, ____
Total Part B funds	\$ __, ____, ____
Other Ryan White HIV/AIDS Program funding	\$ __, ____, ____

82. Annual HIP funding by other sources:

Funding source	Funding received
Federal Section 330	\$ __, ____, ____
Other Federal funding	\$ __, ____, ____
State/Local	\$ __, ____, ____
Client payments	\$ __, ____, ____
All other sources not included above	\$ __, ____, ____

END OF REPORT